

Category: _____ Proposal #: 31- _____

LBL 88-Inch Cyclotron Beam Time Request Form

For the period of March 30 through August 31, 1998

10 copies must be received by Tuesday, February 17, 1998

Experiment Title:

Spokesperson:

Co-Spokesperson (if applicable)

Name:	Name:
Institution:	Institution:
Address:	Address:
E-mail:	E-mail:
Phone:	Phone:
FAX:	FAX:

of 8 hour shifts requested (including tuning time):

Beam Ion:	Energy:	Intensity:	Target:
Beam Ion:	Energy:	Intensity:	Target:

Dates that are best for you:	BGS Experiment?
Dates that you cannot run:	8- π Experiment?

Abstract of Proposal

Brief description of the status of any PAC-approved experiments from the last period

Other Participants	Institution	Status (i.e. Faculty, Grad Student)	E-Mail
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(attach additional page if not enough room)

For requests for beams of rare isotopes, can you supply it? Otherwise, please justify your need for that particular ion(s).

Group Safety Person: _____ Phone# _____

Safety Considerations (please circle):

Radioactive Targets	Y	N	if Y: Total Activity of the targets _____ Ci
User-supplied Apparatus	Y	N	Beam wobbler Y N
Flammable or Toxic Substances	Y	N	Slammer Valve Y N
Pressure Vessels	Y	N	Unsealed Sources Y N
High Voltage Equipment	Y	N	Sealed Sources Y N
Microwave Sources	Y	N	Activation Products Y N
Biohazards	Y	N	Other Y N

Please explain any Yes answers: